⊠ ⊠ Cancel in this application original claims

(At least the original independent claim must be retained for filing purposes.)

The prior application is assigned of record to Medtronic, Inc.

The Power of Attorney in the prior application is to: Medtronic, Inc .

12-10-01

Total Pages

Total Pages

of the prior application before calculating the filing fee.

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE
UTILITY PATENT APPLICATION TRANSMITTAL

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: David L. Thompson TITLE: IMPLANTED MEDICAL DEVICE TELEMETRY USING INTEGRATED THIN FILM BULK ACOUSTIC RESONATOR FILTERING CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Box Patent Application, Commissioner of Patents, Washington, D.C. 20231, "EXPRESS No. US 799 066 021 US, on this 9th day of November , 2001, Sue McCoy Printed Name C Commissioner for Patents **BOX PATENT APPLICATION** Washington, D.C. 20231 We are transmitting herewith the attached: Patent Application Transmittal Х х Specification: Total pages: 30 (including claims and abstract: Spec. 23 sheets; Claims 6 sheets; Abstract 1 Drawings: Total sheets: X Combined Declaration and Power of Attorney: newly executed Ē copy from prior application Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b) П Incorporation by Reference - The entire disclosure of the prior application, from which a copy of the oath or l/i declaration is supplied above is considered as being part of the disclosure of the accompanying application and is 1,4 hereby incorporated by reference therein. (4) X Accompanying application parts: Notification of filing a j. ali Assignment of the Invention to Medtronic, Inc. la b Assignment cover sheet Information Disclosure Statement PTO Form 1449 100 Copies of IDS citations Preliminary Amendment A copy of the Petition or Conditional Petition for Extension of Time in the prior application. Return Postcard IF A CONTINUING APPLICATION: П Continuation ☐ Divisional □ Continuation-in-part (CIP) of prior application No. 09/648,604 / August 16, 2000. П Amend the specification by inserting before the first line the sentence: This application is a \square continuation ☐ division ☐ continuation in part of application number ______, filed ___

	This application claims the benefit of U.S. Provisional Application(s) Serial No.(s), filed				
x	Address all future correspondence to:	Girma Wolde-Michael, Reg. No. 36,724 Medtronic, Inc., MS 301 7000 Central Avenue NE Minneapolis, Minnesota 55432 Telephone: (763) 514-6402			

FEE CALCULATION	No. of Claims Filed	Claims Includ Base Fee	led in	No. of Extra Claims	Rate	Fee
Total Claims	18	20	=	0	x 18	0
Independent Claims	6	3	=	3	x 84	252
Multiple Dependent Claims	0			0	+ 280	0
Basic Filing Fee						\$740.00
					TOTAL	992.00

Charge Deposit Account No 13-2546 the amount of \$992.00 and \$40.00 for the assignment recordation fee for a TOTAL OF \$1032.00.

The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2548. A duplicate of this transmittal is enclosed.

XIII Charg

Girma Wolde-Michael, Reg. No. 36,724 MEDTRONIC, INC.

7000 Central Avenue N.E. Minneapolis, Minnesota 55432 Telephone: (763) 514-6402

X